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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Atton	ney Docket No.								
First I	Inventor	Davio Leur							
Title	ACTIVE MESSAGING SYSTEM & METHOD								
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(Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: Box Patent Application Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or it an orivinal and a duplicate for fee processing Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) [Total Pages Specification 3. 20 Computer Readable Form (CRF) (preferred arrangement set forth below - Descriptive title of the invention b. Specification Sequence Listing on: - Cross Reference to Related Applications i. CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, ii. paper or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) 9. - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure 10. Attomey (when there is an assignee) 11 English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [Total Sheets Copies of IDS Information Disclosure 5. Oath or Declaration 12. [Total Pages Citations Statement (IDS)/PTO-1449 Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation divisional with Box 18 completed) Preliminary Amendment 13. Return Receipt Postcard (MPEP 503) 14. (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** 15. Signed statement attached deleting inventor(s) Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR 16 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuetron Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Labe Correspondence address below Name AKE Address MA CAMBRIDGE City State Zip Code 02/40 US Country 617-441-0379 Fax Telephone Dayo LEVY Name (Print/Type) Registration No. (Attorney/Agent) Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NGT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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Signature

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FEE TRANSMITTAL for FY 2002 Patent fees are subject to annual revision.					Complete if Known						•	
					Appl	Application Number						
					Filing	Dat	e					
					First	First Named Inventor		entor	DAMO	LEVY		
					Examiner Name							
Applicant claims small entity status. See 37 CFR 1.27												
TOTAL AMOUNT OF PAYMENT (\$) 370					Group Art Unit							
		Attorney Docket No.										
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)							
Check [3. ADDITIONAL FEES											
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102 84			ms in excess of 3	146	740	246			submission after f	inal rejection		
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SUBMITTED BY Name (Print Type) DAVIO EVY					Doniet-	tion 1	lo.			ete (if applicable)		
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